

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
4		/				
5						
6	/					
7		/				
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49						
50						
<b>TOTAL IND.</b>	2					
<b>TOTAL DEP.</b>	1					
<b>TOTAL CLAIMS</b>	10					

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IND.	DEP.	IND.	DEP.	IND.
51				
52				
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100				
<b>TOTAL IND.</b>				
<b>TOTAL DEP.</b>				
<b>TOTAL CLAIMS</b>				